

Injury Center Connection

Winter 2011

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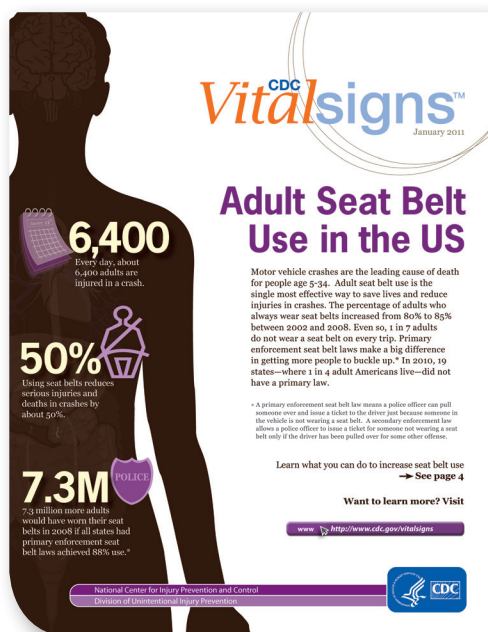
Seat Belts - Every Person, Every Seat, Every Trip

Motor vehicle crashes are the number one cause of death for people between the ages of 5 and 34. Seat belt use is the best way to save lives and to reduce injuries in crashes.

A new [CDC report](#), released in January 2011, shows that seat belt use has increased to 85% in the United States as crash-related injuries have decreased. However, rates of self-reported seat belt use vary widely from state to state, with a high of 94 percent (Oregon) and a low of 59 percent (North Dakota). These findings were released as part of [CDC Vital Signs™](#), a monthly series that offers recent data on important health topics.

Additional points include:

- An estimated 2.3 million crash-related injuries among adults were treated in emergency departments in 2009.
- Primary seat belt enforcement laws—where police officers can pull cars over and issue tickets solely because drivers and passengers are unbelted—are an effective tool to increase seat belt use and reduce death rates.
- In 2008, seat belt use was higher in states with primary enforcement laws (88%) than in states with secondary enforcement laws (79%). If seat belt use in states with secondary enforcement laws had matched that in states with primary enforcement laws, 7.3 million more adults would have buckled up that year.



In addition to [CDC Vital Signs™](#), CDC also released “[Policy Impact: Seat Belts](#),” one in a series of briefs highlighting key public health topics and important, science-based policy actions that can be taken to address them. Through this new publication, CDC supports state-based efforts to strengthen seat belt policies and to prevent crash-related injuries and deaths.

For more information on adult seat belt use and tools you can use to help keep people safe on the road every day, please visit the following links:

- [Press Release: CDC Study Finds Seat Belt Use Up to 85% Nationally](#)
- [MMWR: Vital Signs Motor Vehicle Occupant Injuries and Seat Belt Use](#)
- [Vital Signs™: Adult Seat Belt Use](#)
- [Policy Impact: Seat Belts](#)
- [Motor Vehicle Safety: Seat Belts](#)

National Center for Injury Control and Prevention



Injury Center Appointments and Retirements

New Deputy Director of the Injury Center

On January 4, 2011, Injury Center Director, Linda Degutis, DrMPH, MSN, announced the appointment of Amy B. Peeples, MPA as the new Deputy Director for the Injury Center to begin immediately. Amy has been serving as Acting Deputy Director for the past year and has provided exceptional support for the transitions in the Office of the Director during this time.



Amy began her Centers for Disease Control and Prevention (CDC) career in 1991 and has served in various program and policy leadership roles across the agency, including the Office of Smoking and Health and the Division of Cancer Prevention and Control, both within the National Center for Chronic Disease Prevention and Health Promotion. She also served in the Financial Management Office (FMO) as the Team Lead and

Acting Branch Chief for the Budget Formulation and Public Health Policy Branch. She was most recently honored with the prestigious, "Partner of the Year Award" from the Safe States Alliance at the national organizations annual awards in 2010. This award acknowledges the contributions of an organization or sponsor for furthering the mission of the Safe States Alliance, which is to serve as the national voice in support of state and local injury violence prevention professionals engaged in building a safer, healthier, America. We congratulate Amy and look forward to her continued leadership and wise counsel.

New Associate Director for Science of the Injury Center



Dr. Degutis also announced Arlene Greenspan, DrPH, MPH, PT, as the new Associate Director for Science of the Injury Center. Arlene is currently working in the Division of Unintentional Injury Prevention as a senior scientist on the Motor Vehicle Injury Prevention Team and its work on the motor vehicle safety winnable battle. Dr. Greenspan conducts research on motor vehicle safety, focusing on child occupant and

teen driver and occupant injuries. Arlene also served a detail as the Acting Associate Director for Science of the Injury Center this past year.

Prior to joining CDC in 2003, Arlene was an assistant professor at the Department of Rehabilitative Medicine at Emory

University where her research was focused on traumatic brain injury, injury outcomes, and preventing falls. We look forward to Arlene joining the Office of the Director Team and to her continuing efforts to promote sound science in the injury field and wish her congratulations.

Director of the Division of Violence Prevention Retires



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CDC Foundation

The Injury Center bids a fond farewell to W. Rodney Hammond, PhD, Director of the Division of Violence Prevention. Dr. Hammond will retire from CDC on February 28, 2011, after holding this position for 15 years. He was responsible for CDC research and programs to prevent child maltreatment, youth violence, family and intimate partner violence, sexual violence, and suicide. Under Dr. Hammond's leadership, the Division experienced unprecedented growth in its research, programs, and budget. During his tenure, the Division grew to include the largest concentration of public health experts in violence prevention in the world.

Dr. Hammond's efforts have contributed to effective preventive approaches for reducing youth violence and have significantly influenced CDC policies and practices related to this complex public health problem. His work has also helped deepen the impact of behavioral and social science research by making it understandable and relevant to policy makers. Dr. Hammond represented CDC in the area of violence prevention at the World Health Organization in Geneva, Switzerland and at the Pan American Health Organization in Washington, DC. He was also the CDC representative to the Health Working Group of the Gore-Mebecki Bilateral Commission to the Republic of South Africa.

He has made significant contributions in youth violence prevention, distinguishing it as a public health concern. For example, he is author and Executive Producer of *Dealing with Anger: a Violence Prevention Program for African American Youth*, which has been nationally recognized for its application to the problems of at risk youth. He also developed Project PACT, (Positive Adolescents Choices Training), a widely disseminated program that features successful violence prevention outcomes in schools and community settings. His publications appear in many health and science journals and books.

Dr. Hammond has received numerous awards throughout his career. For example, he received the U.S. Department of Health and Human Services Secretary's Award for Distinguished Service for his efforts in public health and mental health collaboration, the National Association of School Psychology President's Award for Mental Health, and the Society for Research on Adolescence Award for Adolescent Research and Policy Integration. In 2006, he was inducted as a Distinguished Psychologist into the National Academy of Practice.

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In addition, Dr. Hammond received the Nicholas Hobbs Award from the American Psychological Association (APA) in 2010 for his lifetime achievements in child advocacy and policy. In 2010, he also received APA's Meritorious Research Service Award. This award recognizes individuals who have made outstanding contributions to psychological science by enhancing opportunities and resources for the field.

Dr. Hammond is a fellow of the APA and its Division of Health Psychology. He is a past chair of the APA Board of Convention Affairs and Vice Chair of the Board of Governors of the National College of Professional Psychology. Dr. Hammond's strong leadership and contribution to the field will not be forgotten. We wish him the best of luck in future endeavors!

Acting Director of the Division of Violence Prevention



James A. Mercy, PhD, Special Advisor for Strategic Directions of the Division of Violence Prevention, has been with the Injury Center since 1982, when he began working at CDC in a newly formed activity to examine violence as a public health problem. For almost three decades, he has helped to develop the public health approach to violence, and he has conducted and overseen numerous seminal studies of the epidemiology of youth suicide, family violence, homicide, and firearms-related injuries.

Among his over 150 publications are "Fatal violence among spouses in the United States, 1976-1985" in the *American Journal of Public Health*; "Firearm injuries: a call for science" in the *New England Journal of Medicine*; "Public health policy for preventing violence" in *Health Affairs*; and "Is suicide contagious? A study of the relation between exposure to the suicidal behavior of others and nearly lethal suicide attempts" in the *American Journal of Epidemiology*. He also served as a co-editor of the *World Report on Violence and Health* prepared by the World Health Organization (WHO) and served on the Editorial Board of the United Nations Secretary General's Study of Violence Against Children. Most recently he's been working on a global partnership with United Nations Children's Fund, U.S. President's Emergency Plan for AIDS Relief, WHO, and others to end sexual violence against girls.

The Injury Center has initiated a national search for a permanent Director of the Division of Violence Prevention to take Dr. Hammond's place and, in the meantime, we welcome Dr. Mercy to his Acting position.

Division of Violence Prevention's New Deputy Director

On February 27, 2011, Ms. Karen Courtney-Long, MPA will begin her new position as Deputy Director of the Division of



Violence Prevention. Ms. Courtney-Long joined CDC in 2002 and has held many senior leadership positions during this time. She has extensive experience working in CDC's Financial Management Office (FMO) where she currently serves as the team lead of its Execution, Planning, and Strategy Division. In this capacity, she provides senior leadership and guidance

for agency-wide fiscal year planning for all of CDC's programs, develops and issues funding levels, guides and directs the entire Budget Execution staff servicing all centers, institutes and offices. She also serves as the point of contact on numerous budget execution issues with the U.S. Department of Health and Human Services, Office of Management and Budget, and congressional staffers. Ms. Courtney-Long was also the team lead of Budget Formation and Performance Integration where she provided technical advice and guidance on appropriations and related legislation to the Director of FMO, CDC Policy Directors, and program staff. From 2005-2009, between these FMO assignments, she served as the Strategy and Innovation Officer in the Coordinating Center for Environmental Health and Injury Prevention Office of the Director where she managed activities related to goals management, budget and performance integration, policy and planning related to environmental health, and injury prevention programs and activities.

Prior to coming to CDC, Ms. Courtney-Long worked for the Nuclear Regulatory Commission and the Indian Health Service in Rockville, Maryland where she conducted fiscal and administrative-related activities. Her broad-based knowledge of program management will be a real asset to the Division of Violence Prevention. We look forward to her arrival.

National Public Health Week



The annual celebration of National Public Health Week is April 4-10, 2011. The American Public Health Association (APHA) serves as the organizer of NPHW

and develops a national campaign to educate the public, policymakers and practitioners about the contributions of public health and issues related to each year's theme. This year, APHA is raising awareness of the importance of injury and violence prevention through the theme "*Safety is No Accident: Live Injury-free*". For more information about National Public Health Week, visit www.nphw.org.

Tell us what you think...

We welcome your feedback about the Injury Center Connection.

Please contact Valerie Daniel at Valerie.Daniel@cdc.hhs.gov

FY 2011 Appropriations & FY 2012 President's Budget

On February 14, 2011 the White House released the Fiscal Year (FY) 2012 President's Budget request. The total funding level requested for FY 2012 for CDC/ATSDR is \$11.3 billion. Although CDC/ATSDR's budget authority reflects a decrease of approximately \$580 million below the FY 2010 level, the total budget request is an increase of \$371 million above the FY 2010 level. Program levels presented in the Budget request include funding from the Affordable Care Act (ACA) Prevention Fund. Of the \$1 billion available in FY 2012, CDC is requesting \$752 million to support activities including the reduction of health care-associated infections, public health workforce, health statistics, and the Community Transformation Grant program. A summary of the budget request, as well as the full CDC and ATSDR Congressional Justifications can be accessed on CDC's website.

Full Request:

www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2012_CDC_CJ_Final.pdf

Budget Overview:

www.cdc.gov/fmo/topic/Budget%20Information/appropriations_budget_form_pdf/FY2012_Budget_Request_Summary.pdf

The FY 2012 President's Budget request includes \$167.5 million for injury prevention and control, a net increase of \$18.7 million (inclusive of administrative reductions proposed in the FY 2011 President's Budget) above the FY 2010 level. The request includes:

- \$20 million from the ACA Prevention and Public Health Fund. Funding will support unintentional injury prevention activities, including implementation and evaluation – in partnership with states and tribes – of evidence-based interventions in areas such as motor vehicle safety, older adult falls, unintentional drug overdoses, and drowning.
- An increase of \$1.465 million is requested for the National Violent Death Reporting System (NVDRS) to support up to six additional states for the collection of high-quality and timely data on violent deaths. This increase is a continuation of the increase proposed in the FY 2011 President's Budget.

More information on the FY 2012 President's Budget request for injury and violence prevention can be found at www.cdc.gov/injury/about/budget.html.

Injury Center Operating under a CR through March: The President signed a Continuing Resolution (CR) that will keep the government operating through March. The CR provides funding for CDC at FY 2010 levels.

FY 2011 President's Budget: The FY 2011 President's Budget for the Injury Center was \$147.6 million, which is below the FY 2010 appropriation of \$148.6 million. It includes an increase of \$1.5 million for the National Violent Death Reporting System which will support up to six more states to conduct the system. Additionally, the Injury Center's share of \$100 million for CDC travel and contracts was reduced by \$2.9 million.

Congressional Update



Since July 2010, the Injury Center has participated in briefings with the following Congressional members and/or offices: House Energy and Commerce Committee, U.S. Department of Health and Human Services/Senate U.S. Committee on Health, Education, Labor & Pensions Committee (Howard Koh, testimony review), U.S. Government Accountability Office (Elder Abuse and Prescription Drug Overdose), Sara Jane Brain Foundation, House Education and Labor Committee (TBI bill review), and House Energy and Commerce Committee–Health Subcommittee field hearing titled “*Protecting School-age Athletes from Sports-related Concussion Injury*” (CDC's Dr. Vik Kapil testified).

Additionally, OPPE had briefings with Senator Tom Udall (D–NM), Rep. Mary Bono-Mack (R–CA/45th), Senator Shelby (R–AL), Rep. Steny Hoyer (D–MD/5th), Senator Charles Schumer (D–NY), and Rep. Sam Graves (R–MO/6th). They covered topics including suicide, prescription drug overdose, traumatic brain injury, sports safety/football helmets, and sexual violence.

Since January 2011, the Injury Center has participated in briefings and hearings with the following Congressional members and/or State Legislatures: Florida State House of Representatives Committee on Health and Human Services *Hearing on Prescription Drug Monitoring Programs*; Senator Tom Harkin (D–IA); Representative Barbara Lee (D–CA), Representative John Lewis (D–GA), Senator Udall (D–NM) and Senator Rockefeller (D–WV), and the Department of Justice. The briefing topics covered intersections of violence and healthy eating/active living; prescription drug overdose/ Prescription Drug Monitoring Programs (PDMPs), traumatic brain injury, sports safety/football helmets, sexual violence and Teen Dating Violence.

Policy in Action

Keeping college students safe with community-based alcohol reduction programs



Each year, 1,700 college students die and more than 1.4 million are injured in alcohol-related incidents. Results of a Pacific Institute for Research and Evaluation (PIRE) study published in the December issue of the *American Journal of Preventative Medicine* indicate that a community-wide prevention strategy targeting off-campus settings can significantly reduce intoxication and alcohol-impaired driving among college students. Students from campuses participating in the *Safer California Universities* study were six percent less likely to drink to intoxication during the last time they were at any of the targeted settings. A 9 percent reduction was seen at off-campus parties (6,000 fewer incidents) and a 15 percent reduction was seen at bars and restaurants (4,000 fewer incidents).

The National Institute for Alcohol Abuse and Alcoholism (NIAAA) funded the *Safer California Universities* project which focused on the drinking environment rather than the individual. The project incorporated alcohol-control measures such as nuisance party enforcement operations, surveillance to prevent underage alcohol sales, roadside DUI checkpoints, social host ordinances, and use of campus and local media to increase the visibility of interventions.

CDC is collaborating with PIRE and NIAAA to develop and test a national marketing strategy for the *Safer Universities* program, which is based on *Safer California Universities*. This partnership will address various barriers and challenges that universities may face as they consider adopting a program like *Safer Universities*.

Read more about the *Safer California Universities* Project at www.nih.gov/news/health/nov2010/niaaa-12.htm

Listen to an interview with Robert F. Saltz, PhD, one of the project's lead investigators at www.ajpm-online.net/article/PIIS0749379710005295/abstract

For more information about CDC's work in motor vehicle safety, please visit: www.cdc.gov/motorvehiclesafety



2011 CDC Public Health Grand Rounds Focused on Injury Issues

In 2011, CDC will highlight three key Injury Center issues in Public Health Grand Rounds sessions. They focused on prescription drug abuse, child maltreatment, and traumatic brain injury. Sessions occur monthly and were created to foster discussion and debate about issues and challenges related to major public health issues, including cutting-edge scientific evidence and the potential impact of different interventions. The sessions highlight how CDC is already addressing these challenges and will include recommendations for future research and practice.

The first Injury Center-focused Grand Rounds session occurred on February 17, 2011 and highlighted prescription drug abuse and included presentations from experts from CDC, Washington State and the Office of National Drug Control Policy. The next one focused on injury will occur on June 16, 2011 and will highlight child maltreatment. Followed by one on September 15, 2011, dedicated to traumatic brain injury.

All Grand Rounds sessions are open to the public and to all CDC employees and are typically held on the third Thursday of every month between 1:00pm–2:00pm. Please mark your calendars to attend the CDC Grand Rounds sessions and visit www.cdc.gov/about/grand-rounds/ for additional information.

Partnership Matters

CDC and NHTSA: working together to keep people safe on the road every day

Motor vehicle crashes are the leading cause of death in the first three decades of Americans' lives. In 2009, more than 2.3 million adult drivers and passengers were treated in emergency departments as the result of being injured in motor vehicle crashes. On December 2, 2010, leadership from CDC and the National Highway Traffic Safety Administration (NHTSA) joined together with staff from the Injury Center to discuss ways to strengthen our agencies' joint efforts to address this important public health issue, which is one of CDC's six "Winnable Battles."



Dr. Frieden and Mr. Strickland signed a memorandum of understanding to allow CDC and NHTSA to strengthen our agencies' collaborative efforts.

CDC and NHTSA currently collaborate on several large projects including strengthening Graduated Driver Licensing (GDL) systems and evaluating ignition interlock programs in selected states to reduce alcohol-impaired driving. Dr. Frieden and NHTSA Administrator Mr. David Strickland signed a memorandum of understanding to strengthen our agencies' collaborative efforts even further.

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Topics discussed during the meeting included increasing seat belt and motorcycle helmet use, preventing alcohol-impaired driving, addressing health disparities in tribes, and the built environment. The group also discussed working together on the launch of the Decade of Action on Road Safety, expanding the use of Advanced Automatic Collision (AACN) systems and identifying ways that each agency can effect change at the state level.

The Injury Center has fostered this collaboration because CDC and NHTSA have complementary roles in improving motor vehicle safety to reduce deaths, injuries, and economic losses resulting from crashes. The Injury Center conducts motor vehicle injury research and oversees extramural research and programs in several areas, including seat belt and child safety seat use, alcohol-impaired driving, and teen driver safety. NHTSA's work includes setting and enforcing safety performance standards for motor vehicles and equipment, investigating safety defects, promoting seat belt use, child safety seats and air bags, and conducting research on driver behavior and traffic safety.



Building Partnerships through Facebook

CDC's Heads Up on Brain Injury Facebook page builds engaging online community

Since its launch in the summer of 2010, CDC's Heads Up to Brain Injury Facebook page

has gained momentum and has built an engaging online community among traumatic brain injury (TBI) survivors, their family members and caregivers, and others. The page's 2,300 fans discuss seeking support and TBI-related services, the latest news and research, and updates on CDC activities.

The Injury Center recently featured a contest on the TBI page to maximize community and partner engagement and to continue to generate valuable conversation among page followers. They awarded free Heads Up t-shirts to the first five fans who could correctly identify the prime time TV show that displayed the CDC Heads Up: Concussion in High School Sports poster on the wall behind the lead actor in the season finale. Although many good guesses were received, the correct answer was "Grey's Anatomy." Future activities to pique interest and visibility of CDC's Heads Up initiative include releasing new materials and continuing outreach to major partners such as the NFL, NCAA, and other interactive activities.

Launch of VetoViolence Facebook Page

The Division of Violence Prevention launched a new Facebook page on December 7, 2010, titled VetoViolence.



The page serves as a place where fans can share best practices, comment on innovative approaches to violence prevention, and consider how violence is a public health issue. The page also links to the division's corresponding online portal, www.vetoviolence.org, an evolving resource that includes free training, tools, and an interactive application for sharing successes. As of December 23, 2010, the page had more than 10,000 fans.

To check out the page and join the conversation, please visit www.facebook.com/VetoViolence.



Parents Are the Key: Building a Community on Facebook

In October 2010, the Division of Unintentional Injury Prevention created a Facebook fan page to capitalize on parents' use of social media as a way to help spread messages from the division's "Parents Are the Key campaign," also launched nationally that month. DUIP developed "Parents Are the Key" to help inform parents across the nation about the key role they can—and should—play in protecting their teen driver.

Individuals or groups can use the campaign materials to help parents learn about the most dangerous driving situations for their young driver and how to avoid them.

The idea behind the campaign's Facebook page was to create an online 'conversation place' for parents to connect with other parents, and get information from CDC about protecting their teen drivers from crashes. Other campaign resources include an assortment of online tools, including badges and buttons, a quiz widget, and podcasts.

To show your support for safe teen driving and join the conversation on Facebook, become a fan of "Parents Are the Key."

Converting viewers to fans: a multimedia outreach strategy for better prevention, recognition, and response to traumatic brain injury

CDC's Injury Center and Hollywood Health and Society work together to provide accurate and timely information about health storylines to entertainment industry professionals. This partnership illustrates the profound impact entertainment media have on individual knowledge and behavior.

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Subject matter experts from the Division of Injury Response and staff from the Health Communication Science Office briefed the writers of *Army Wives*, a Lifetime show with the 4th highest viewership on cable television. Initially, the writers were interested in introducing a minor storyline about traumatic brain injury (TBI) sustained by one of their main characters. The knowledge and expertise shared with writers inspired them to create a multi-episode story arc highlighting this important health topic. Many public health messages were written into the six episodes of dialogue between the injured soldier and her caregivers and loved ones, and were thus shared with the show's 4 million viewers.

To leverage this opportunity, the Injury Center launched CDC [Heads Up – Brain Injury Awareness](#) to capture the conversation and to bring this audience to our TBI resources. The Center's first Facebook page was launched on June 28, 2010, the day after the *Army Wives* character was diagnosed with a TBI. Thousands of viewers saw the page promoted through partnership posts and on Lifetime's website. These viewers became fans of the page, shared their stories, downloaded TBI resources, and shared them with friends. Heads Up now has more than 1,700 "fans" and many are passionate advocates for better TBI prevention, response, and recognition in their communities and states.

Combining educational entertainment outreach with multimedia allows the Injury Center to reach new audiences in a state most ready to take action to learn more and to educate others about CDC's work. The power of this partnership is demonstrated by the conversion of passive television viewers to active participants who became partners for change.

National Event Raises Awareness about Intimate Partner Violence



Every December, *It's Time To Talk Day* brings together intimate partner violence advocates and experts, local, state, and federal legislators, nationally renowned authors, corporate and government leaders, and parents and teens for one reason—to draw national attention to the importance of talking about intimate partner violence and teen dating violence.

Liz Claiborne Inc. established *It's Time To Talk Day* which drew leading national and local radio hosts and bloggers from the Mom Central network, a web resource with articles, blogs and giveaways dedicated to providing busy moms with household and parenting solutions. The network interviewed more than 80 guests from the event's Talk Radio Row in New York City.

Dr. Andra Teten Tharp, a health scientist in CDC Injury Center's Division of Violence Prevention (DVP) was one of those guests. Dr. Tharp discussed the prevalence of teen dating violence, the importance of prevention, and the division's broader work around the issue. She also promoted DVP's online training for educators, [Dating Matters](#), developed in partnership with Liz Claiborne Inc.

To learn more about CDC's work to prevent teen dating violence, please visit www.cdc.gov/violenceprevention or find us on Facebook at www.facebook.com/vetoviolence.

Data Updates

CDC's Injury Center Announces Release of WISQARS™ Module: Cost of Injury Reports

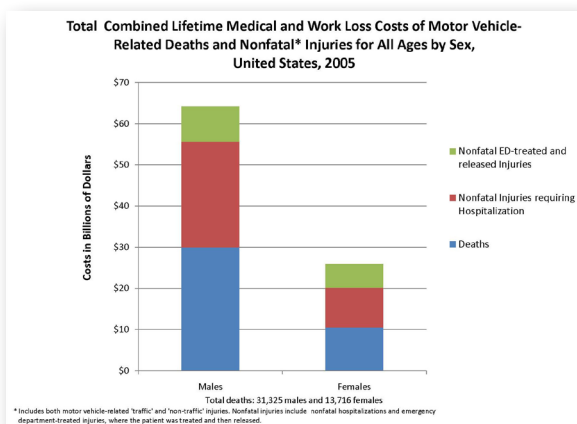
The Centers for Disease Control and Prevention Injury Center is pleased to announce the release of the new WISQARS™ (Web-based Injury Statistics Query and Reporting System) Cost of Injury Reports. These reports show cost estimates for injury deaths, hospitalizations, and emergency department visits where the patient was treated and released. The new module allows users to create reports of medical costs (e.g., treatment and rehabilitation), work loss costs (e.g., lost wages, fringe benefits, and self-reported household services), and combined costs (medical plus work loss) based on many variables including mechanism (cause) and intent of injury, body region and nature of injury, geographic location (for deaths only), sex, and age.

"We are very excited to provide cost of injury data through WISQARS. The new module will be useful for creating cost of injury estimates for injury fact sheets, peer-reviewed journal articles, injury Web pages, and other reports as a measure of economic burden. The data will help our colleagues, partners, and the public learn more about the cost associated with injury and violence in the United States."

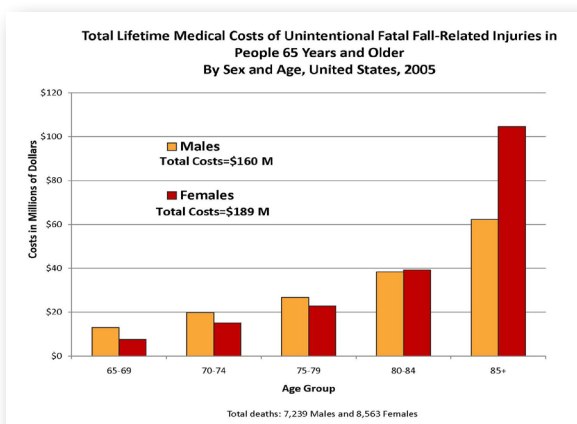
Lee Annett, PhD, Director, Office of Statistics and Programming, the Injury Center.

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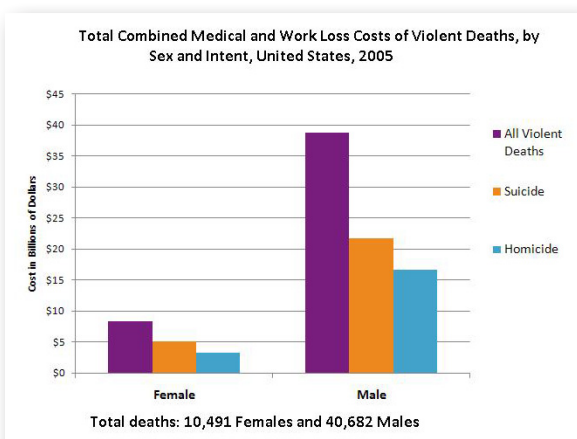
Examples of cost of injury data available are presented below. *WISQARS Cost of Injury Reports are based on lifetime medical and lifetime work loss costs in 2005. This was the most recent year of unit cost data available at the time the module was developed. NCIPC plans to update these estimates to more recent years in the future.*



This chart shows the U.S. 2005 total combined medical and work loss costs of MV-related deaths and injuries for all ages, by sex.



This chart shows the U.S. 2005 total combined medical and work loss costs of fatal fall injuries in people 65 years and older, by sex and age.



This chart shows the U.S. 2005 total combined medical and work loss costs of violent deaths, by sex and intent (all violent deaths, homicide, and suicide).

In addition to **cost of injury reports**, users can use the WISQARS™ system to sort, view, and create **fatal**, **non-fatal**, and **violent death injury data reports**. Examples of reports include:

- **Fatal injury reports** showing the total number of injury deaths and death rates by intent and mechanism (cause) of injury, region or state, race/ethnicity, sex, and age.
- **Leading cause of death reports** showing the impact of injury-related deaths in the United States compared to other leading causes of death.
- **Years of potential life lost (YPLL) reports** showing the impact of premature death resulting from injury compared to other leading causes of premature death.
- **Color-coded fatal injury maps** showing patterns of county-level injury death rates across certain locations (national, regional, and state level) to help users identify populations at high risk of injury by mechanism (cause) and intent of injury.
- **Violent death reports** showing the number of violence-related deaths, details about victims and suspects, and details about suicide victims suspected of a recent homicide.
- **Nonfatal injury reports** showing the number of injuries treated in U.S. hospital emergency departments (EDs) by mechanism (cause) and intent of injury, race/ethnicity, sex, and disposition when released from the ED (hospitalized, moved for specialized care, or treated and released).
- **Leading cause of nonfatal injury reports** ranking leading causes of nonfatal injuries by age and sex of the injured patient, intent of injury, and condition of the person when released from the ED.

Researchers, the media, public health professionals, and the public can use WISQARS™ data to learn more about the cost of unintentional and violence-related injury in the United States. It can also be used to show the scope and impact of the injury problem, to describe, compare, and monitor trends in fatal and nonfatal injuries, to identify persons at risk of injury, and to provide reliable surveillance data for program planning and policy decisions.

For more information or to access WISQARS™ and the Cost of Injury Reports, visit: www.cdc.gov/injury/wisqars.

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New Findings Highlight State Public Health Agencies' Efforts to Prevent Child Maltreatment



Millions of children are abused or neglected every year. Research shows that these experiences have a significant impact on brain development and may contribute to some of the nation's worst health problems over time. State public health agencies can

play an important role in preventing child maltreatment and associated health problems. The CDC Injury Center's Division of Violence Prevention invites you to watch *The Role of Public Health Agencies in Child Maltreatment Prevention*, available [here](#) via on-demand. CDC originally hosted the webinar on December 7, 2010, which featured presentations by Sally Fogerty from Education Development Centers, Inc. and Malia Richmond-Crum from the Injury Center's Division of Violence Prevention. Leah Devlin from

the UNC Gillings School of Global Public Health moderated the presentation.

Topics included:

- Findings from the *Child Maltreatment Prevention Environmental Scan of State Public Health Agencies*, and
- How state public health agencies can play an important role in preventing child maltreatment.

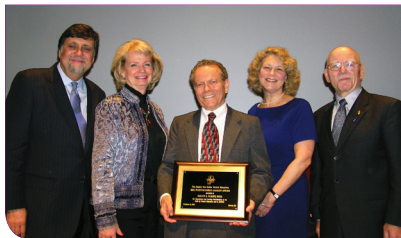
To learn more about CDC's work to promote safe, stable, and nurturing relationships for children and about preventing child maltreatment, please visit www.cdc.gov/violenceprevention.

To learn more about the Public Health Leadership Initiative*, please visit www.cdc.gov/violenceprevention/phl/.

**The Doris Duke Charitable Foundation supports the PHL Initiative in partnership with the CDC Foundation, and CDC Injury Center's Division of Violence Prevention.*

Injury Center Award Recipients

David Sleet Honored with SOPHE Award



David Sleet, with SOPHE leadership from left to right, John Allegrante, Sarah Olson, (David Sleet), Andrea Gielen, Bob Gold.

Each year, the Society for Public Health Education (SOPHE) bestows its highest honor, the Distinguished Fellow Award, to a member who has made significant and lasting contributions to SOPHE and to

advancing the research and practice of health education. This year, the award goes to CDC's David Sleet, PhD, Associate Director for Science in the Division of Unintentional Injury Prevention (DUIP). This is the first time SOPHE has bestowed this award on someone whose career has focused on injury prevention.

Dr. Sleet's decades-long career has brought significant advancements and improvements in the area of injury prevention.

- He was one of the first at CDC to apply behavioral science and health education principles to the field of unintentional injury prevention, grounding intervention development on theories of behavior change.
- He spearheaded CDC's alert on the dangers of airbags to children long before the problem was recognized elsewhere.

- He was a co-author on the *World Report on Road Traffic Injury Prevention*, which was jointly issued by the World Health Organization and World Bank.
- He successfully fought for a new child-proof lighter standard, which has saved an estimated 200–300 children annually from death by burns.
- His leadership in CDC Community Guide research on blood alcohol levels and driving was pivotal to the passage of national legislation establishing the legal definition of DUI (driving under the influence) as a blood alcohol concentration of .08 g/dL or higher.

Dr. Sleet emphasizes in his writings that few environmental change approaches succeed without some behavioral adaptation. He is a prolific author, researcher, and visionary who has published more than 130 peer-reviewed journal articles and has co-authored or edited 90 chapters, monographs and technical reports, including four books.

Among his many awards and recognitions, Dr. Sleet received the 2001 Health Promotion and Education Advocacy Award from the Association of State and Territorial Directors of Health Promotion, and was co-awarded the HHS Secretary's Award for Distinguished Service in Research for work on alcohol and driving. He was also co-awarded the MADD National President's Award in 2005 for systematic reviews of alcohol interventions. In 2009, he received the American Public Health Association Injury Section Distinguished Career award, recognizing the significant and long-term

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impact that his contributions and achievements have had in the field of injury control and emergency health services. Dr. Sleet joined CDC in 1993 as a behavioral scientist and was named acting director of DUIP in 1994. Today, as the division's Associate Director of Science, he plans and manages research programs and provides direction to a national injury control program. Dr. Sleet is known as one of the founders of the graduate school of public health at San Diego State University (SDSU) in California. He earned his BA in Psychology and his MA in Exercise Science at SDSU, and a PhD in Health Psychology from the University of Toledo, Ohio.

Charles C. Shepard Science Awards Injury Center Nominees Announced

The Charles C. Shepard Science Awards recognize CDC authors who produce outstanding papers that demonstrate excellence in science advancement. These awards honor Dr. Shepard, a former CDC scientist, whose career was marked by the pursuit of scientific excellence. The award is presented to the best manuscript of original research by a CDC or ATSDR scientist published in a reputable peer reviewed journal.

The Injury Center has nominated two papers for the CDC and ATSDR's 2011 Charles C. Shepard Science Awards. We recognize this year's nominees:

Rebecca B. Naumann, MSPH, Ann D. Dellinger, PhD, both epidemiologists in the Division of Unintentional Injury Prevention, Eduard Zaloshnja, Bruce A. Lawrence, and Ted Miller were nominated for their paper entitled, [Incidence and total lifetime costs of motor vehicle-related fatal and nonfatal injury by road user type, United States 2005](#). Researchers estimate the costs of motor vehicle-related fatal and nonfatal injuries in the United States in terms of medical care and lost productivity by road user type. They conclude that the economic and societal costs associated with these injuries and deaths are substantial and reinforce the need for using evidence-based strategies that target increasing seat belt and child safety seat use, motorcyclist and pedal cyclist helmet use, and decreasing alcohol-impaired driving.

Jennifer W. Kaminski, PhD, MA, health scientist in the National Center for Birth Defects and Developmental Disorders, Richard W. Puddy, PhD, MPH, behavioral scientist, Division of Violence Prevention, Diane M. Hall, lead behavioral scientist, Division of Violence Prevention, Sandra Y. Cashman, public health advisor, Division of Violence Prevention, Alexander E. Crosby, MD, MPH, medical epidemiologist, Division of Violence Prevention, and Lavonne Ortega, public health advisor, Office of State, Tribal, Local and Territorial Support were nominated for their paper entitled, [The relative influence of different domains of social connectedness on self-directed violence in](#)

[adolescence](#). It analyzes the comparative strengths of different domains of connectedness (e.g., family, peers, and school) to determine where limited resources might best be focused. Logistic regression shows that family connectedness was a stronger predictor than connectedness to peers, school, and adults for non-suicidal self-harm, suicidal-ideation, suicide plans, and nonfatal suicidal behavior.

2010 Injury Center Workforce Award Recipients

Service Awards

30 Years

Machel Forney

25 Years

Lisa Clark
Melissa Gibson
Marva Holmes
Chester Pogostin

20 Years

Linda Dahlberg
Gwendolyn Cattledge
Linda Hall
Wendy Holmes
Rose Rudd

10 Years

Kathleen Basile
Kendell Cephas
Sarah Foster
Philip Jacobs
Alida Knuth
Jane Mitchko
Donne Williams

Workforce

Tonia Lindley
Mark Davis
Ruby Davis
Chenese Forbes
Robin Forbes
Machel Forney
Linda Franklin
Michelle Knight
Philip Jacobs
Miranda Johnakin
Danyelle Perdue
Michele Tews
Carolyn Thomas
Charon Quarles
Monica Ryan
Gary Stevenson

Science

Len Paulozzi

Leadership

Michele Knight

Priorities

Leslie Dorigo
Suzanne Friesen
Arlene Greenspan
Jessica Handley
Shelley Hammond
Gail Hayes
Michele Huitric
Jane Mitchko
Jenny Mullen
Amy Rowland
Stacey Thalken
Ruth Shults

Leadership

Michele Knight

Partnerships

Amy Rowland
Jessica Handley
Marlena Wald
Lisa McGuire
Kelly Sarmiento

Positive Spirit

Feijun Luo
Servant Leader
Craig Bryant

Keeping the Motor Running

Ann Dellinger

Injury Center Colleague of the Month Award Recipients

Philip Jacobs

Public Health Analyst, Resource Management Team in the Office of Program Management and Operations–December

Leonard Paulozzi

Medical Epidemiologist, Division of Unintentional Injury Prevention–January

Sally Thigpen

Behavioral Scientist, Division of Violence Prevention–February

Stacey Thalken

*Health Communication Specialist,
Health Communication Science Office Web Team Lead – March*

Recent Injury Center Publications

Intimate Partner Aggression Perpetrated and Sustained by Male Afghanistan, Iraq, and Vietnam Veterans with and without Post Traumatic Stress Disorder

Andra L. (formerly Teten) Tharp, PhD, behavioral scientist, Division of Violence Prevention, Julie A. Schumacher, PhD, Casey T. Taft, PhD, Melinda A. Stanley, PhD, Thomas A. Kent, MD, Sara D. Bailey, PhD, Nancy Jo Dunn, PhD, and Donna L. White, PhD was published in the [Journal of Interpersonal Violence](#) (September 2010 issue). It examines veterans with post traumatic stress disorder (PTSD) who exhibit higher rates of intimate partner aggression than veterans without PTSD. Researchers studied partner aggression among male Afghanistan or Iraqi veterans who served during Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) and compares them with the aggression reported by Vietnam veterans with PTSD. Odds ratios show that male OEF/OIF veterans with PTSD were 1.9 to 3.1 times more likely to perpetrate aggression toward their female partners than OEF/OIF veterans without PTSD and Vietnam veterans with PTSD. Partner aggression among Iraq and Afghanistan veterans with PTSD may be an important treatment consideration and target for prevention.

Developing Sexual Violence Prevention Strategies by Bridging Spheres of Public Health

Alana Vivolo, MPH, associate service fellow, Kristin Holland, MPH, associate service fellow, Andria L. (formerly Teten) Tharp, PhD, behavioral scientist, Melissa Holt, PhD, senior service fellow, Kathryn Brookmeyer, PhD, behavioral scientist, Sarah DeGue, PhD, senior service fellow, Greta Massetti, PhD, lead behavioral scientist, Jennifer Matjasko, PhD, senior service fellow, and Linda Valle, PhD, lead behavioral scientist all in the Division of Violence Prevention authored this article which was published in the [Journal of Women's Health](#) (October 2010 issue). It highlights several risk factors that are not traditionally included in sexual violence prevention efforts, but may help youth avoid becoming sexual violence perpetrators.

Linear and Orthogonal Models of Acculturation and Its Relations to Cultural Variables: An Examination of the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA).

Tam Dao, Andria (formerly Teten) Tharp, PhD, behavioral scientist in the Division of Violence Prevention, and Quang Nguyen was published in the [International Journal of Intercultural Relations](#) (October 2010 issue). It explores the consistency of the Suinn-Lew Asian Self-Identity Acculturation scale in characterizing Asian American men's level of acculturation. Researchers examined the association

between two scoring methods and characteristics of Asian culture—family point of view, loss of face, and degrees of introversion or extroversion.

Attention-Deficit/Hyperactivity Disorder, Conduct Disorder, and Young Adult Intimate Partner Violence

Xiangming Fang, PhD, senior service fellow, Greta M. Massetti, PhD, lead behavioral scientist both in the Division of Violence Prevention, Lijing Ouyang, PhD, Scott D. Grosse, PhD, and James A. Mercy, PhD, behavioral scientist in the Division of Violence Prevention was published in the [Archives of General Psychiatry](#) (November 2010 issue). It examines the association between childhood attention-deficit/hyperactivity disorder (ADHD) and conduct disorder (CD) symptoms and the perpetration of physical intimate partner violence in a population-based sample of young adults. The study showed that conduct disorder is consistently associated with violence in intimate relationships and illustrates the need for services and treatment strategies that address the risks for violence and that promote healthy intimate relationships for youths with CD and ADHD.

Healthy and Safe Homes: Research, Policy, and Practice

Angela Mickalide and Grant Baldwin, PhD, MPH, Director of the Division of Unintentional Injury Prevention authored the chapter in this book, "Principles of Healthy Housing: Safe," and both Shane Diekman PhD, MPH, behavioral scientist and Mark Jackson Registered Environmental Health Specialist, public health advisor in the Division of Unintentional Injury authored the chapter entitled, "Fire Prevention Personnel." Karin Mack, PhD, behavioral scientist in the Division of Unintentional Violence prevention served as one of the editors. This book is available at the [American Public Health Association website](#). The edited volume details the seven principles of healthy housing (the way that a home is designed, constructed, maintained, or rehabilitated in a manner that supports the health of its residents) along with tools for implementation.

Non-fatal Conductive Energy Device-related Injuries Treated in US Emergency Departments, 2005-2008

Tadesse Haileyesus, mathematical statistician, J. Lee Annett, PhD, Director, both in the Office of Statistics and Programming, and James A. Mercy, PhD, behavior scientist in the Division of Violence Prevention authored this paper which was published in the journal [Injury Prevention](#) (January 2011 issue). It provides the first U.S. estimates and rates of non-fatal conductive energy device (CED)-related

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(e.g., Taser) injuries relative to other types of legal intervention injuries treated in hospital emergency departments. Results show the importance of implementing existing CED safety guidelines by law among enforcement officers and of training medical personnel to help reduce the risk of severe injury and potential adverse health consequences.

Strengthening Global Injury Care

The World Health Organization (WHO), with support from the Centers for Disease Control and Prevention (CDC),

helped countries plan and set up trauma care programs to strengthen their capacity to care for the injured. Through perseverance, detailed planning and organization, training opportunities, and a groundswell of commitment at the local, national, provincial or institutional levels, this collaboration is leading to improvements across the globe. The new [fact sheet](#) details some of these activities in countries around the world. The examples provided focus on practical, affordable, and sustainable efforts that help dispel the view that little can be done to improve trauma care, especially in low- and middle-income countries.

upcoming injury center events

Meetings and Conferences

Field Triage Academic and Trade Media Event

March 2, 2011, Baltimore, MD

National Healthy Start

March 5—9, 2011, Washington, DC

www.cvent.com/EVENTS/Info/Summary.aspx?e=41d0bdaf-84e1-445d-af7b-d37151373e8d

Tale of Our Cities New York

March 15–16, 2011, New York City, New York

Brain injury Awareness day on Capitol Hill-“Brain Injury Rehabilitation and Re-entry: Lessons Learned and the Road Ahead.”

March 16, 2011.

www.biausa.org/AnnouncementRetrieve.aspx?ID=65707

Lifesavers National Conference on Highway Safety Priorities

March 27-29, 2011, Phoenix, AZ

www.lifesaversconference.org/

Society for Advancement of Science and Safe States Annual Conference

April 6—8, 2011, Iowa City, IA

www.savir2011.org

Aging in America Conference

April 26-30, 2011, San Francisco, CA

www.agingconference.org/AiA11/index.cfm

Health Observances

Brain Awareness Week, March 14–20

National Poison Prevention Week, March 20–26

Brain Injury Awareness Month, March

Sexual Assault Awareness and Prevention Month, April

National Public Health Week, April 4–10